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REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2-24		2 Serial/Patent # 287759330	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
✓ Assignment			\$ 4000
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 4000
10 REASON:		8 TO BE REFUNDED BY:	
Overpayment		✓ Treasury Check	
Duplicate Payment		Credit Deposit A/C #:	
No Fee Due (Explanation):		9 23--111715	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: J. DAVENPORT		TITLE: LIE	
SIGNATURE: [Signature]		PHONE: 308-6187	
OFFICE: ONE STOP#3			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: [Signature]		DATE: 3-20-97	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: